

Application to Seal an Abandoned Well

Ownership_____Phone#_____

Well Location_____

Address

City

General Description: Township_____ Range_____ Section_____
_____Quarter of the _____Quarter of the _____Quarter

Type of Well: Bored_____ Drilled_____ Other_____

Well Depth_____ Well Diameter (inches)_____

Well clear of Obstructions _____Yes _____No

Describe how you intend to seal the well and materials you intend to use:

Upper 2 – 3 feet of casing removed _____Yes _____No

Well to be disinfected prior to sealing: _____Yes _____No

Date well to be sealed on: _____

Licensed Water Well Driller or Homeowner sealing well:

License Number

Address

City

State/Zip

Submit to: Clinton County Health Department, 930 A Fairfax St., Carlyle, IL, 62231.

FAX: 618-594-5474